



Do We Have to Consider the Method of Opium Usage in Our Study?

I read with interest the investigative paper by Fatemi.¹ I would like to thank the authors for furthering our knowledge in this field and also want to point out that in method the 75 addict cases are composed of three different types of opium usage. We know that absorption and blood level of morphine is different in these groups and also there is significant difference between lipid profile of them which has shown in this article and Asgary et al. study.² So it would be better to recruited more cases to compare the level of lipid profiles in different groups separately.

Reference

1. Fatemi SS, Hasanazadeh M, Arghami A, Sargolzaee MR. Lipid profile comparison between opium addicts and non addicts. *J Teh Univ Heart Ctr* 2008;3:169-172.
2. Asgary S, Sarrafzadegan N, Naderi GA, Rozbehani R. Effect of opium addiction on new and traditional cardiovascular risk factors. Is duration of addiction and route of administration matter? *Lipids Health Dis* 2008;7:42-46.

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Do We Have to Consider the Method of Opium Usage in Our Study?: reply

First of all, allow us to thank you very much for your interest in our study.

With respect to the point you have kindly raised, there is no doubt that the categorization of the administration routes of drug addicts would have several benefits; be that as it may, the scientific community has yet to come up with a universally accepted classification of such routes.¹ The Asgary et al. study is a case in point inasmuch as their manual classification of “1. Orally; 2. Vafour; and 3. Sikh-sang” is hardly an internationally acknowledged category.²

The other probable main classification would be: 1.

IV usage, which is not common in opium addiction and definitely not in our country; 2. Oral; and 3. Inhalation, which is again not a routine classification for opium addicts. Therefore, we opted to present the results in the whole group of addict people.¹ We would, nevertheless, agree that were there a universal categorization for the administration routes, an evaluation of the difference in the lipid profiles between these groups would offer certain advantages, as it has been done in the above paper according to the authors' own classification.²

Once more, we wish to express our gratitude for your having read our manuscript ever so meticulously, which has enabled us to enhance the quality of our work; and we would be honored to address any further points, should you deem fit to raise any.

References

1. Fatemi SS, Hasanazadeh M, Arghami A, Sargolzaee MR. Lipid profile comparison between opium addicts and non addicts. *J Teh Univ Heart Ctr* 2008;3:169-172.
2. Asgary S, Sarrafzadegan N, Naderi GA, Rozbehani R. Effect of opium addiction on new and traditional cardiovascular risk factors. Is duration of addiction and route of administration matter? *Lipids Health Dis*. 2008;7:42-46.

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